

DENTIST
INSTRUCTIONS FOR FILING APPLICATION FOR LICENSURE BY CREDENTIALS
REQUIREMENTS

1. You must have graduated from a dental program accredited by the ADA.
2. You must be currently licensed and in active practice for 5 consecutive years next preceding filing of application for licensure.
3. You must have obtained a passing score on the National Board Examination.
4. You must have an interview with the Credentials Committee of the Dental Board.
5. You must pass a Kentucky jurisprudence examination. The examination can be taken at the time you meet for your interview. **Send \$10.00 to the Board office for a law booklet.**
6. Applications are kept for 6 months from the date received in the board office. If you have not been licensed by this time, you will be required to start the application process over. Your fee would be transferred to the new application with the exception of the \$50.00 application review fee.
7. We do not make calls to applicants on the status of their application. It is the applicant's responsibility to call the Board office to check on the status of their application.
8. The next credentials committee meeting is scheduled for (please call the Board office for date) at 5:30 p.m. EST. Your application and materials must be received in the Board office, two (2) weeks before this date to be eligible to appear. If you experience any problems with obtaining any materials for your application, please call Diana Bailey as soon as possible. It is the responsibility of the applicant to contact the Board office to check on the status of your application.

WHAT TO SUBMIT WITH YOUR APPLICATION

- ___ 1. Completed application with photo. Use the name under which you wish to be licensed. Put a check next to the word "credentials" on the front of the application.
- ___ 2. Application fee - \$165.00 (a \$50.00 non-refundable application review fee is included in this amount)
- ___ 3. Letter to the Board stating the reason why you wish to be licensed and stating your practice plans.
- ___ 4. Resume reflecting education and experience.
- ___ 5. A final transcript of your dental course work. The transcript must be an official copy with your degree posted and with a seal or registrar's stamp. **This must be sent directly to the Board office.**
- ___ 6. Your National Board Score Card (copies not accepted). Call 800-621-8099 and **request it to be sent directly to the Board office.**
- ___ 7. Current letter (within 3 months of interview), verifying good standing from the Board of every state in which you hold or have previously held a dental hygiene license (copies of your license not acceptable). **Must be sent directly to the Board office.**
- ___ 8. Completion certificate or letter from the sponsor of an HIV/AIDS course taken within the last 24 months. Must be at least two hours course and approved by the Kentucky Cabinet of Health & Family Services. To obtain a current list of the approved courses call 502/564-6539 or check the Web site at: <http://chfs.ky.gov/dph/training>. These hours cannot count towards the 30 hours of continuing education.

- ____ 9. A copy of the front and back of the card given for a course taken in the current or previous year for CPR, BLS or ACLS which is approved by the American Red Cross, Green Cross, Heart Association or the KY Board of Dentistry. These hours cannot count towards the 30 hours of continuing education.
- ____ 10. Completion certificates showing proof of 30 hours of continuing education taken within the previous 24 months. 20 hours must be in scientific presentation format. 10 hours can be business, internet, magazine, or journal articles, or homestudy courses . The hours for the HIV/AIDS and BLS do not count towards this requirement. These hours used for initial licensure cannot be used for renewal of your license.
- ____ 11. National Practitioners Data Bank Report and AADE Clearing House Report. This can be obtained by an electronic query done in the Board office. Fill out the enclosed National Practitioners Data Bank Report and AADE Clearing House application and send with your Dental Licensure Application with the appropriate fee as noted on the application. Electronic Queries will be done approximately two weeks before the interview with the credentials committee.

Make Checks payable to:
Mail to:

Kentucky Board of Dentistry
10101 Linn Station Road, Suite 540
Louisville, Kentucky 40223
Phone: (502) 429-7280